

29 September 1970

MEMORANDUM FOR: Acting Chief, SSS

SUBJECT : Interim Report on RAB Reports Inventory

INTER AGENCY REPORTS

1. Agency Vital Records Protection Status to National Archives. GSA Annual
2. Annual Summary of Records Holdings GSA Annual

RECORDS ADMINISTRATION INTERNAL REPORTS

- 3 1. Budget and Program Call to C/SSS Annual
- 4 2. Records Management Program Report to C/SSS Semi-Annual
- 5 3. Records Management Board Report to Executive Director Comptroller Semi-Annual
- 6 4. Forms Management Activities Computer Reports to C/RAB Monthly
- 7 5. Forms Management Status Reports to C/RAB (Four different computer reports) Quarterly
- 8 6. Forms Management Status Reports to RMO's Quarterly
- 9 7. Annual Records Inventory to C/RAB Annual
- 10 8. RMO Conference Report to C/RAB Semi-Annual

RECORDS CENTER REPORTS

- 11 9. Activity Report and Status to C/RAB Monthly
- 12 10. Six-Month Activity Recap Report to C/RAB Semi-Annual
- 13 11. Fiscal Year Total Recap Report C/RAB Annual
- 14 12. Statistical Report to Records Mgt. Board Quarterly

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Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4

Next 1 Page(s) In Document Exempt

Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4

REPORTS INVENTORY						CONTROL NO. RAB - 1					
PREPARE IN DUPLICATE											
1. TITLE OF REPORT (if a fill-in report include Form No.) Vital Records Protection Status Report						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING					
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)					
		LOGISTICS		SECURITY							
		MEDICAL		FINANCE							
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual				6. DISTRIBUTION (No. of components not number of copies) 2					
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING <table border="1" style="width: 100%;"><tr><td>YES</td><td>IF YES GIVE ADP PROCESSING NO.</td></tr><tr><td><input checked="" type="checkbox"/> NO</td><td></td></tr></table>				YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT FPM, Reg.	
YES	IF YES GIVE ADP PROCESSING NO.										
<input checked="" type="checkbox"/> NO											
10. PREPARING COMPONENT (include lowest level contributing information to report) RAB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)							
12. COST FACTORS											
A. MANUAL PREPARATION AND REVIEW COSTS											
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR				
GS7-10	5.06		1		5.06						
9-7	5.70		14		79.80						
13-6	9.40		3		28.20						
					<u>113.06</u>	1	\$113.06				
B. COSTS OF COMPUTER PRODUCED REPORTS											
TOTAL COSTS PER YEAR						\$113.06					
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Required by National Archives, GSA.											
14. FUTURE GOALS											
15. GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS <table border="1" style="width: 100%;"><tr><td>MAN-HOURS</td><td>DOLLARS</td></tr><tr><td> </td><td> </td></tr></table>		MAN-HOURS	DOLLARS		
MAN-HOURS	DOLLARS										
16. DATE OF INVENTORY 10/7/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4					18. EXTENSION				

REPORTS INVENTORY						CONTROL NO. RAB - 2	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Standard Form 136 - Summary of Records Holdings						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual		6. DISTRIBUTION (No. of components not number of copies) 2			
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Fed. Prop. Mgt. regs. GSA			
10. PREPARING COMPONENT (include lowest level contributing information to report) RAB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) RAB Rep. #9 Annual Records Inventory			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS13-4	\$8.86		15 min.		2.21		
4-1	2.81		5 min.		.23		
14-4	10.39		15 min.		2.60		
					5.04	1	\$5.04
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$5.04
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Required by National Archives, GSA							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STATOTHR	
16. DATE OF INVENTORY Oct. 9, 1970						17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Records Management Office	
18. EXTENSION							

STATINTL

REPORTS INVENTORY						CONTROL NO. RAB - 3	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Budget & Program Call to C/SSS					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annual			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc.) Memo		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			9. DIRECTIVE AUTHORITY REQUIRING REPORT OPPB - (OMB)		
10. PREPARING COMPONENT (include lowest level contributing information to report) RAB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS 14-4	10.39		120		1246.80		
7-10	5.06		24		121.44		
					1368.24	1	\$1,368.24
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$1,368.24
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) Reduce Coverage 5% MAN-HOURS DOLLARS 68	
16. DATE OF INVENTORY 10/9/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4					18. EXTENSION

STATINTL

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						RAB - 4	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Records Management Program Report						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
3		Semi-Annual				2	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
		YES		IF YES GIVE ADP PROCESSING NO.			
		<input checked="" type="checkbox"/> NO				STATINTL	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
RAB				Reports from Staff personnel			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE.	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS 12-6	7.96	45	=	477.60		=	
7-10	5.06	8	=	40.48		=	
14-4	10.39	20	=	103.90		=	
			=	621.98	2	=	1243.96
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$1243.96	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Report on Program to Higher Echelons of Management							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) Reduce Content 5%	
						MAN-HOURS	
						DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
10/9/70		Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4					

REPORTS INVENTORY						CONTROL NO. RAB - 5	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Records Management Board Report to Ex. Dir. Comptr.					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/>	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 10		5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Annual			6. DISTRIBUTION (No. of components not number of copies) 10		
7. FORMAT (memorandum, form, computer print-out, etc) memo		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			9. DIRECTIVE AUTHORITY REQUIRING REPORT Memo from DDS		
10. PREPARING COMPONENT (include lowest level contributing information to report) RAB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Reports from 5 Board members.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS7-10	5.06		6		30.36		
GS14-4	10.39		40		415.60		
GS15-4(5)	8.86		20		177.20		
GS16-	12.76		8		102.08		
					<u>225.24</u>	2	\$450.48
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$450.48	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Requested by Exec-Dir. Comptroller for Management Purposes. Started July 1968 - Reviewed and reduced 50% in July 1970.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) Was reduced recently						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY 10/9/70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						RAB 6	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Forms Management Activities						<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
4		Monthly				4	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Print-Out		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			FMR		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
RAB				F 2969			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT (*)	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS 7 -10	5.06		1 1/3		6.75	15.61	187.32
GS 13-4	8.86		1		8.86	12	
B. COSTS OF COMPUTER PRODUCED REPORTS							
8 pages per report			.03 = .24		48		11.52
			\$3.75 *		12		45.00
TOTAL COSTS PER YEAR						\$243.84	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
(*) 6-10 actions done a month used an average of 8 actions - 10 min. per action.				* Includes costs for keypunching and verifying by OCS.			
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4					

FORMS MANAGEMENT DATA INPUT

SECRET
(When Filled In)

TA 1-2	FORM NUMBER 3-15										CD NO 16	CHR CODES 17-18	AGENCY CODE A-19-20	DATE MO B 21 24 YR			
											1						

X

UNIT OF ISSUE C 25-35	USE DESTROY D 36	SHIP CODE E 37	L/R F 38	S/N G 39	SCOPE OF USE H 40	CLASS I 41	FUNCTIONAL CODES J 42-51										OP1 K 52-53

TITLE (1st line)															
L 54-80															

1-15	CD 16	TITLE (2nd line and 3rd line)														
DUPLICATE	2	27														53
		54														80

1-15	CD 16	TITLE (4th line and 5th line)														
DUPLICATE	3	27														53
		54														80

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(10-51)

- | | | |
|--------------------|----------------------------|-----------------------|
| 10 - ADDITIONS | Alpha/Numeric (leave space | Alpha A thru L |
| 20 - CHANGES | between Alpha - no dashes | (maximum of 2 changes |
| 30 - REVISIONS | or slashes) | per code sheet) |
| 40 - OBSOLETIONS | | |
| 50 - REACTIVATIONS | | |
| 60 - ERASE | | |

AGENCY CODES (columns 19-20)

AGENCY	DESIGNATION(S)	NO.	AGENCY	DESIGNATION(S)	NO.	AGENCY	DESIGNATION(S)	NO.
AGENCY FORMS		01	FEDERAL HOUSING	FHA	90	MISCELLANEOUS		
AIR FORCE	AF	05	GEN. SERVICES ADMIN.	GSA. OF	40	DISTRICT INCOME TAX	D-4 & D-4A	
ARMY	DA, DA-AGO, WD, WDAGO, AC-SC	10	NAT. SECURITY COUNCIL	NSC	45	GOV. EMP. HEALTH ASSOC.	GEHA	95
ATOMIC ENERGY COMM.	AEC	85	NAVY	NAVPER5, OPNAV	50	SUPR. OF DOCUMENTS	SD	
CIVIL SERVICE COMM.	CSC	15	PUBLIC HEALTH SERVICE	PHS	55	VETERANS ADMIN.	VA	
COMPENSATION ACT	CA	20	STANDARD FORMS	SF	65			
DEFENSE	DD	30	STATE	AE, DS, DSP, FR	70			
FED. EMP. GROUP INS.	FE	35	TREASURY	SS, TD, W-2, W-4	75			

DATE (columns 21-24)

Month and Year - all months must be 2 digit i.e., 01, 02, etc.

UNIT OF ISSUE (cols 25-35)

Alpha and Numeric i.e., CS, Pad 100, 3 part set, etc. (no dashes or slashes)

USE/DESTROY (col 36)

Either a U or D must be coded for all revisions.

SHIPMENT CODE (column 37)

- STATINTL - Ship UNCLASSIFIED, [REDACTED] Air or Sea Cargo or APO Channels.
- 2 - Ship CONFIDENTIAL POUCH.
- 3 - Ship SECRET - TOP SECRET, Courier Accompanied Pouch.
- 4 - Other Government Agency Forms [REDACTED] sent. Ship in accordance with procedures [REDACTED]
- 5 - Ship UNCLASSIFIED to stations [REDACTED]

STATINTL

STATINTL
STATINTL

Local Reproduction (column 38)

Code "L" when form is approved for local reproduction.

STOCK/NONSTOCK (column 39)

Code "S" for stock form; Code "N" for nonstock form.

SCOPE OF USE (column 40)

- STATINTL 1 - Headquarters [REDACTED]
- STATINTL 2 - Headquarters [REDACTED]
- STATINTL 3 - Headquarters and Overseas [REDACTED]
- STATINTL 4 - Headquarters, [REDACTED]
- 5 [REDACTED]
- 6 [REDACTED]
- 7 - Overseas Only

STATINTL

CLASSIFICATION (Col 41)

Code 1 for Preclassified CONFIDENTIAL
Code 2 for Preclassified SECRET

FUNCTIONAL CODES (Cols 42-51)

Max of 5 functional codes - each code must be 2 digits.

OPI (Cols 52-53)

TITLE (Cols 54-80) - and Card 2 and Card 3)

Numeric code assigned each office Alpha/numeric entries, Card 2 will be 2nd and 3rd responsible for form. Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					DDS/RAB -7	
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	
Forms Management Status Reports - Numerical alpha functional OPT					<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL		
		LOGISTICS	SECURITY	OTHER (specify)		
		MEDICAL	FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)		
192		Quarterly		48		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Print Out		<input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO		<input type="checkbox"/> [REDACTED]		
10. PREPARING COMPONENT (Include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)				
RAB		F 2969 Monthly Activities				
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
						Costs are charged to RAB-6 which is the basic input
B. COSTS OF COMPUTER PRODUCED REPORTS						
						\$7,200
TOTAL COSTS PER YEAR						\$7,200
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)					MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
		Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4				

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					RAB 8	
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	
Forms Management OP I Report					<input type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input checked="" type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)
		LOGISTICS		SECURITY		
		MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)	
4		Quarterly			58	
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Print Out		<input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO 2006			STATINTL [REDACTED]	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)		
RAB				F 2969 Monthly Activities		
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
Further Distribution of RAB-7						Costs charged against Rep. #6 basic input
B. COSTS OF COMPUTER PRODUCED REPORTS						
			Charged to RAB-7 & RAB-6		By-Product of RAB-7	
TOTAL COSTS PER YEAR					No added cost.	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
		Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4				

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						RAB-9	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Annual Records Inventory to C/RAB						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
2		Annual				2	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Form		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.		FMR	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
RAB				Stat. Reports from all ARO's Form 138 Records Survey Worksheets Records Center Report (RAB-12)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
12-4	7.51		40		300.40		57 \$17,122.80
11-7	6.87		8		54.96		1 54.96
7-9	4.93		25		123.25		1 123.25
13-4	8.86		15		131.90		1 131.90
14-4	10.39		5		51.95		1 51.95
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
\$17,484.86							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
XX - Stat. Reports requested from all ARO's GS9 thru GS14 - Using average grade GS 12-4 for costing purposes. These costs will probably be duplicated in all components on an individual basis. To measure status of Records Program and use as basis for report to National Archives (RAB 1 & 2)							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) Reduce 5%	
						MAN-HOURS	
						DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
10/9/70		Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4					

Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4						CONTROL NO.	
REPORTS INVENTORY						RAB 10	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
Records Management Conference Report							
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		<input checked="" type="checkbox"/> ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
3		Semi-annual				2	
7. FORMAT (memorandum, form, computer print-out, etc.) Memo		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT C/RAB	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.			
10. PREPARING COMPONENT (include lowest level contributing information to report) RAB				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) -----			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS 12-6	7.96		2		15.92		
GS 4-1	2.81		1		2.81		
					18.72	2	\$37.44
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$37.44
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Required by Program Director for Management purposes.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS
<input type="checkbox"/>	CHANGE						
<input type="checkbox"/>	DISCONTINUE						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
10/9/70		[redacted]					

ATINTL 10/9/70

Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4

REPORTS INVENTORY

CONTROL NO. 11-11

PREPARE IN DUPLICATE

A&RC - 1

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT☒ STATISTICAL☒ NARRATIVE☐ MACHINE-NAME LISTING

MONTHLY REPORT

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

☒

ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

MEDICAL

FINANCE

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not
number of copies)

3

Monthly

1

7. FORMAT (memorandum, form
computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Memorandum

☒ YES☐ NO

IF YES GIVE ADP PROCESSING NO.

Chief/RAB

10. PREPARING COMPONENT (include lowest level
contributing information to report)11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

Daily Work Sheets from Sections

Monthly Narrative Report from Sections

Notes Maintained by Chief & D/Chief A&RC

Archives & Records Center

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR
GS-7	4.80		2		9.60		280		\$2,688.00
GS-9	6.02		20		120.40		12		1,444.80
GS-11	6.87		8		54.96		12		659.52
GS-5	3.46		3		10.38		12		124.56
GS-13	9.67		1		9.67		12		116.04

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$5,032.92

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report was started in 1949 when the Records Center was established. The
current format was established in February 1969.

14. FUTURE GOALS

15. ACTION PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS ☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STAT OTHER

DATE OF INVENTORY

10/7/70

Approved For Release 2001/11/01 : CIA-RDP74-00390R000300140006-4 18. EXTENSION

D/Chief A&RC

Classification

CONTROL NO. *KPC-12*

REPORTS INVENTORY

PREPARE IN DUPLICATE

A&RC - 2

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE OF REPORT
☒ STATISTICAL
☒ NARRATIVE
☐ MACHINE-NAME LISTING

SIX-MONTH ACTIVITY REPORT

3. FUNCTIONAL AREA
 PERSONNEL TRAINING ☒ ADMIN. GENERAL
 LOGISTICS SECURITY
 MEDICAL FINANCE
 OTHER (specify)

4. NO. OF COPIES PREPARED 2
 5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Annual
 6. DISTRIBUTION (No. of components not number of copies) 1

7. FORMAT (memorandum, form computer print-out, etc) Memorandum
 8. ADP PROCESSING
 YES IF YES GIVE ADP PROCESSING NO.
 X NO
 9. DIRECTIVE AUTHORITY REQUIRING REPORT Chief, Records Administration Branch

10. PREPARING COMPONENT (include lowest level contributing information to report) Archives and Records Center
 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Monthly Reports

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-11	6.87		8		54.96		2		\$ 109.92
GS-13	9.67		1		9.67		2		19.34
GS-5	3.46		2		6.92		2		13.84

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$ 143.10

3. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This is a feeder report for the RAB Semi-Annual reports and the Records Management Board Report.

14. FUTURE GOALS

15. PROPOSED BY COMPONENT FOR THIS REPORT
☐ RETAIN AS IS ☐ OTHER (explain)
☐ CHANGE
☐ DISCONTINUE
 ESTIMATED SAVINGS
 MAN-HOURS DOLLARS

STATOTHR

6. DATE OF INVENTORY 10/7/70
 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION D/Chief A&RC
 18. EXTENSION

STATINTL

CONTROL NO. 112-13
 A&RC - 3

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

ANNUAL REPORT

2. TYPE OF REPORT
☒ STATISTICAL
☒ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL
 LOGISTICS
 MEDICAL
 TRAINING
 SECURITY
 FINANCE

ADMIN. GENERAL
 OTHER (specify)

4. NO. OF COPIES PREPARED

12

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Yearly (Fiscal Year)

6. DISTRIBUTION (No. of components not number of copies)
 8

7. FORMAT (memorandum, form computer print-out, etc)

Memo & Tabular

8. ADP PROCESSING

YES
 IF YES GIVE ADP PROCESSING NO.
 NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Chief, Records Administration Branch

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Monthly Reports

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-11	6.87		40		274.80		1		\$ 274.80
GS-7	4.80		2		9.60		1		9.60
GS-5	3.46		8		27.68		1		27.68

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$ 312.08

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

14. FUTURE GOALS

15. ACTION PROPOSED BY COMPONENT FOR THIS REPORT

☒ RETAIN AS IS
☐ CHANGE
☐ DISCONTINUE
☐ OTHER (explain)

ESTIMATED SAVINGS

MAN-HOURS DOLLARS

STATOTHR

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

REPORTS INVENTORY

CONTROL NO. *R.P.R. 14*

A&RC - 5

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

QUARTERLY REPORT

2. TYPE
OF
REPORT
☒ STATISTICAL
☐ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

☒

ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

MEDICAL

FINANCE

4. NO. OF COPIES PREPARED

12

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Quarterly

6. DISTRIBUTION (No. of components not number of copies)

8

7. FORMAT (memorandum, form, computer print-out, etc.)

Tabular

8. ADP PROCESSING

☐ YES

IF YES GIVE ADP PROCESSING NO.

☐ NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Chief, Records Administration Branch

10. PREPARING COMPONENT (include lowest level contributing information to report)

Archives and Records Center

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Record of Holdings

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-5	3.46	3		10.38	4		\$ 41.52
GS-7	4.80	1 1/2		7.20	4		28.80
GS-11	6.87	2		13.74	4		54.96

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

\$ 125.28

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is now distributed to the Records Management Board. It was started in March 1967. One copy is also sent to OTR for use by [REDACTED] in the CS Records Officer Course.

14. FUTURE GOALS

15. ACTION PROPOSED BY COMPONENT FOR THIS REPORT

☐ RETAIN AS IS☐ OTHER (explain)☐ CHANGE☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STATOTHR

DATE OF INVENTORY

10/7/70

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D/Chief A&RC

18. EXTENSION

REPORTS INVENTORY

CONTROL NO. 15

PREPARE IN DUPLICATE

A&RC - 4

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE OF REPORT
☒ STATISTICAL
☐ NARRATIVE
☐ MACHINE-NAME LISTING

RECORD OF HOLDINGS

3. FUNCTIONAL AREA
 PERSONNEL TRAINING ☒ ADMIN. GENERAL
 LOGISTICS SECURITY OTHER (specify)
 MEDICAL FINANCE

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not number of copies)

4*

Quarterly

43

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

AM Print Out

YES IF YES GIVE ADP PROCESSING NO.
☒ NO

Chief, Records Administration Branch

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
 Daily Work Sheets from Sections
 Tab Cards

Archives and Records Center

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	= COST PER YEAR
GS-7	4.80	2	9.60	280	Charged to Monthly Reports
GS-11	6.87	4	27.48	4	\$ 109.92
GS-11	7.25	80	580.00	4	2,320.00
GS-5	3.46	4	13.84	4	55.36

B. COSTS OF COMPUTER PRODUCED REPORTS

--	--	--	--	--	--

TOTAL COSTS PER YEAR

\$ 2,485.28

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is distributed to the Records Officers in all Components. It was started in July 1968 when the purge started, and most components were not aware of the jobs in the Records Center.

14. FUTURE GOALS

AL PROPOSED BY COMPONENT FOR THIS REPORT		ESTIMATED SAVINGS	
RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	MAN-HOURS	DOLLARS
CHANGE			
DISCONTINUE			

STATOTHR

15. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

*Four copies of the total holdings of the A&RC are printed. The holdings are grouped and totaled by Office or Staff. The following distribution is made of these four copies:

1. The original is retained by the A&RC for one year.
2. One copy is used by A&RC/Disposition Section as a work copy and is destroyed when new list is printed.
3. One copy is separated by Directorate and distributed to the Directorate Records Officer.
4. One copy is separated by Office or Staff and distributed to the appropriate Records Officer.